

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original | 11/1/25 |
| 1 ✓ -          | 11/4/25 |
| 2 ✓            |         |
| 3 ✓            |         |
| 4 ✓            |         |
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| 6 ✓            |         |
| 7 ✓            |         |
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| 9 ✓ -          |         |
| 10 ✓ ✓         |         |
| 11 ✓ -         |         |
| 12 ✓ ✓         |         |
| 13 ✓ -         |         |
| 14 ✓ ✓         |         |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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